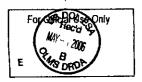
U.S. Department of Labor O.S. Department of Labor
Office of Labpr-Management
1-1 Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2627	2. Fiscal Year Covered From:	
	1/1/205 Through: 12/3//205	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name GARY H Jos gersen	Name ASL-C10, DC, Laborers ASIC10	
	Labor Organization File Number 0/1 -995	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 302 South Waverly Rd.	Street 302 Scoth Wavery Pd.	
City Lansing	City Language	
State Michigan ZIP Code + 4 489/7		
5. Position in labor organization. District Council Business 2005		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed	on 4-24-6 517 321-2349	
	Date Telephone Number	
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Name of Person Filing Gary Jorgenser	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated dealing with your labor organization or with a trust in which your labor organization.	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Mi Laboret Heattle Core Sund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6525 Centurion Dr. City Lawry The State ZIP Code + 4 48917	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name M; Lazares Health Con Grad Trade Name, if any: P.O. Box, Bldg., Room No., if any	Intl. Sundation employer Benes. +
Street 6525 Centrois por	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State Mich ZIP Code + 4 48917	Pre conference Class Class Britishall & cursification
	12.b. Amount. 4375.08
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value. 14.a. Nature of payment.
Name	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Gam Jorgania	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Mi Laborers Tommer Sen Trade Name, if any: P.O. Box, Bidg., Room No., if any Street GSD Century DC. City Language State Mich ZIP Code + 4 48917	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name M. Labores Trans. Such Trade Name, if any: P.O. Box, Bldg., Room No., if any Street GS2s Centurial Ds City Lansey State Missel ZIP Code + 4 48977	11.a. Nature of such dealing. Boul of Fowfics MTE Upper Sunnissula 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Chairman of Boul MTE Jenny 360527.	
	12.b. Amount. 41.28	
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value. 14.a. Nature of payment.	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	